

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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3						
4			1			
5			1			
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23						
24	1					
25	1					
26		a				
27		a				
28						
29		a				
30		a				
31		a				
32						
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35						
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39						
40		1				
41		1				
42		1				
43		a				
44		a				
45	1					

BEST AVAILABLE COPY

51		1				
52		1				
53		1				
54		1				
55		a				
56		a				
57		a				
58		a				
59		a				
60		1				
61		1				
62		1				
63		1				
64		1				
65		a				
66		1				
67		2				
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24	1			
25	1			
26	a	a		
27	a	a		
28	a	a		
29	a	a		
30	a	a		
31	a	a		
32	a	a		
33	a	a		
34	a	a		
35	a	a		
36	a	a		
37	a	a		
38	a	a		
39	a	a		
40	a	a		
41	a	a		
42	a	a		
43	a	a		
44	a	a		
45	a	a		
46	a	a		
47	a	a		
48	a	a		
49	a	a		
50	a	a		
TOTAL IND.				
TOTAL D.P.	20	20	20	20
TOTAL CLAIMS	4	4	4	4

PTO-1260 (5-70)

• MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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